



Fauquier County Department of Community Development

29 Ashby Street, Suite 310

Warrenton, VA. 20186

(540) 347-8660 FAX (540) 347-2043

[www.fauquiercounty.gov](http://www.fauquiercounty.gov)



## PRE-APPLICATION FORM

Property Owner(s): \_\_\_\_\_

Developer/ Applicant: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ \*Email: \_\_\_\_\_

PIN #: \_\_\_\_\_ Acreage: \_\_\_\_\_ Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_  
(If Applicable)

Parcel Address: \_\_\_\_\_

Have you discussed this Proposal with anyone on staff? \_\_\_Yes \_\_\_No If yes, who? \_\_\_\_\_

Type of Application: \_\_\_\_\_ Special Exception Category: \_\_\_\_\_  
(If Applicable)

What is the intended use of this property? \_\_\_\_\_

Is there a Floodplain on this property? \_\_\_Yes \_\_\_No

Public Water: \_\_\_Yes \_\_\_No If yes, provider: \_\_\_\_\_

Public Sewer: \_\_\_Yes \_\_\_No If yes, provider: \_\_\_\_\_

Is this an active project in the County or subject to prior approvals? \_\_\_Yes \_\_\_No If yes, list: \_\_\_\_\_

Issues or items to be discussed: \_\_\_\_\_

Number attending: \_\_\_ Does anyone in your party have special needs? \_\_\_Yes \_\_\_No If yes, list: \_\_\_\_\_

Names of attendees: \_\_\_\_\_

Requested Date of Pre-Application Meeting: \_\_\_\_\_ Time: \_\_\_\_\_

*\*Note: Email will be the primary method of contact unless otherwise specified.*

Official Office use Only:

Scheduled Meeting Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Scheduled by: \_\_\_\_\_

*Note: Scheduled by Community Development Staff after submission of this form & checklist items*